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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|----------------------------|
| 10/808,125 | 03/24/2004 | Bruce Nelsen Rogers | 1594 U81 <i>PC 27966 A</i> |

25533
 PHARMACIA & UPJOHN
 301 HENRIETTA ST
 0228-32-LAW
 KALAMAZOO, MI 49007

CONFIRMATION NO. 4535

FORMALITIES LETTER



OC000000012876797

Date Mailed: 06/07/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

07/18/2005 MBERHE 00000039 161445 10808125

FILED UNDER 37 CFR 1.53(b)

01 FC:1051 130.00 DA

*Filing Date Granted*Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$130 for a Large Entity

- \$130 Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
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A copy of this notice MUST be returned with the reply.

RECEIVED

JUN 14 2004

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Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY



MISSINGPTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|---|--|---------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/808,125 |
| | | Filing Date | March 24, 2004 |
| | | First Named Inventor | Bruce Nelsen Rogers |
| | | Art Unit | |
| | | Examiner Name | |
| Total Number of Pages in This Submission | | Attorney Docket Number | PC27966A (1594.US1) |
| ENCLOSURES (check all that apply) | | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawings(s) | <input type="checkbox"/> After Allowance Communication to Group | |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | |
| <input type="checkbox"/> Amendment Reply | <input checked="" type="checkbox"/> Petition to Revive | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information | |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter | |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): | |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | <input checked="" type="checkbox"/> Application Data Sheet | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | <input checked="" type="checkbox"/> Change of Correspondence Address | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | | |
| <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application | | | |
| <input checked="" type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm or Individual Name | | | |
| Signature | | | |
| Date | | | |

| | | | |
|---|----------------|-------------|---------------|
| CERTIFICATE OF TRANSMISSION/MAILING | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or Printed Name | Eileen M. Ebel | | |
| Signature | | Date | July 11, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Effective on 12/08/2004
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL for FY 2005

Complete if Known

| | | |
|---|----------------------|---------------------|
| <input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27 | Application Number | 10/808,125 |
| Total Amount of Payment (\$) | Filing Date | March 24, 2004 |
| 130.00 | First Named Inventor | Bruce Nelsen Rogers |
| | Examiner Name | Not Yet Assigned |
| | Art Unit | Not Yet Assigned |
| | Attorney Docket No. | PC27966A (1594.US1) |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account: Deposit Account number 16-1445 Deposit Account Name Pfizer Inc
For the above identified deposit account, the Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.1.6 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING FEE

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees paid |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|-----------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | | |
| - 20 or HP= _____ x _____ = _____ | | |
| HP= highest number of total claims paid for, if greater than 20 | | |
| Indep. Claims | | |
| - 3 or HP= _____ x _____ = _____ | | |
| HP= highest number of total claims paid for, if greater than 3 | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|------------------------------|---------------|
| - 100= _____ | /50 _____ | (round up to a whole number) | |
| | | x _____ | |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other: <u>Late Filing Surcharge</u> | 130 |

Submitted

| | | | | | |
|---------------------|----------------|------------------|--------|-----------|--------------|
| Name (Printed/Type) | Eileen M. Ebel | Registration No. | 37,316 | Telephone | 212-733-0885 |
| Signature | | (Attorney Agent) | | | |

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-ptu-9199 and select option 2.